

FOR CYA USE ONLY:

Date Rec'd.

Grant #

**PROUD PARENTING PROGRAM
CONTRACT PROPOSAL COVER SHEET**

Return to: Carol Barker, Delinquency Prevention Supervisor
California Youth Authority
South Coast Parole Office
8311 Westminster Ave., Suite #260
Westminster, CA 92683

Due: May 10, 2004

Name of Applicant

Total Amount Requested

\$

City/Zip Code

Part 1: Contract Information

Program Administrator information: Complete for administrator submitting Request for Proposal for funding.

Name and Title:

Designated Contact Person:

Address

Address

City

ZIP

City

ZIP

Telephone

FAX

Telephone

FAX

E-mail

E-mail

Part II: Signatures (Signatures **must** be original.)

PROGRAM ADMINISTRATOR

(Printed) Program Administrator's Name

Program Administrator's Signature

BOARD OF DIRECTORS

(Printed) Representative, Board of Directors Name

Board of Directors Signature